Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TH				
TOTAL CLAIMS			55					RATE	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			55 min	าบร 20=	• 95			X\$ 9=		OR	X\$18=	مر 190
INDEPENDENT CLAIMS .			(c minus 3 =		•			- X43=	1.	OR	X86=	76.00
ML	LTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL		ОЯ	TOTAL	1486-00
CLAIMS AS AMENDED - PART II フルルム (Column 1) (Column 2) (Column 3)								SMALI	LÈNTITY	OR	OTHER SMALL	THAN
AMENDMENTA .		CLAIMS REMAINING . AFTER AMENDMENT	•	HIGH NUME PREVIO PAID I	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M.	Total	. 25	Minus	÷ 5	5 .	-0		X\$ 9=		OR	X\$18=	D
AME	Independent	* 2	Minus	*** H		· 실		X43=		OR	X86=	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTA		OR	TOTAL ADDIT, FEE	8
16	121/06	(Cotumn 1)		(Colum	m 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE].	PATE	ADDI- TIONAL FEE
	Total	.25	Minus	-5	5	· Ø		95.00 X\$ 9 =		OR	50.08 -X\$10=	
	Independent	<u>• 2/</u>	Minus	*** 4	<u> </u>	<u> </u>	Ц	100.00		OF	3000P	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTA		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•		X\$ 9=		ОЯ	X\$18=	
	independent	•	Minus	***		E 1	 	X43=	+	1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							~~~	+	OR		
+145= OR +290=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "2." *** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." *** If the entry in column 1 is less than 1 is less than 3.												
		mber Previously Pa ber Previously Paid							•			

Application or Docket Number.